



**CITY OF EL PASO
DEPARTMENT OF ENVIRONMENTAL SERVICES
ANIMAL SERVICES
5001 Fred Wilson Dr. El Paso, Texas 79906
(915) 842-1000 Fax (915) 842-1008**



**APPLICATION: EXHIBIT or SHOW PERMIT
(7.04.010, 7.04.020., 7.04.090, 7.14.10, 7.14.60, 7.14.070)**

Event Name:_____ **Phone:**_____

Event Address:_____

City/State/Zip:_____

Mailing Address (if different from above):_____

City/State/Zip:_____

Owner/Sponsor Name:_____ **Phone:**_____

Owner/Sponsor Address:_____

City/State/Zip:_____

Event Start Date:_____ **Event End Date:**_____

Please initial the following declarations:

- _____ I am the sponsor representative for the above activity.
- _____ I hereby affirm that I have read and understand Title 7 of the El Paso City Code governing the keeping and exhibiting or showing of animals within the City of El Paso and the requirements that the Veterinarian Officer or his designee set.
- _____ I authorize the City of El Paso and/or designee to inspect the property at any reasonable hour and establish requirements, restrictions or limitations concerning the keeping and display of animals in compliance with Title 7 of the El Paso City Code.

Applicant Signature:_____ **Date:**_____

List of Event/Show/Exhibit Animals

[illegible]